FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham +

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000021672 (7)

WORLD TRANSPORATION NETWORK, INC.

Dringing Class	a of Duniana	Mailing Malayana							
Principal Plac		Mailing Address							
9385 SW 185 MIAMI FL 331		18495 S DIXEI HWY STE 285			1				
MIAMI FC 33137		MIAMI FL 33157			DO NOT WRITE IN THIS SPACE				
		US				3. Date Incorporated or Qualified			
						03/16/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26			65-0567787		_ 	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Œ/		Additional	
22 City P Cult		27 Ch. 8 Chata						lequired	
City & StAt	е	City & State			6. Election Campaign Financing	П		May Be	
Zip \	Country	Zip		untry		Trust Fund Contribution	<u> </u>		to Fees
24	25	29	30	uning		8. This corporation owes or has paid Personal Property Tax due June			itangible :
	9. Name and Address of Curre		[30]			10. Name and Address of New Rec			
KA	PPS, THOMAS P			81	Name		<u> </u>		
	B5 SW 185 TERRACE								
	AMI FL 33157			82 Street Add		Iress (P.O. Box Number is Not Acceptab	ile)		
141(7	AMI 1 E 03 137			83					
				84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ag			d Age		ition's board of directors. I hereby acception and the state of directors and the state of the s	DATE		
TITLE	•		1.1 11TLE				Change	Addition	
NAME	KAPPS, THOMAS P	1.2		1.2 NAME					}
STREET ADDRESS	9385 SW 185 TERRACE	1.3 STRE		TREE1.	ADDRESS				
CITY - ST - ZIP	MIAMI FL 33157			1.4 CITY - ST - 7IP					
TITLE	D	☐ DELETE 2		21 TITLE				☐ Change	Addition
NAME	KAPPS, RUTH A		22 N	IAME	ļ				ĺ
STREET ADDRESS	9385 SW 185 TERRACE		238	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157			CITY - S	1 - ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE				ITLE				Change	Addition
NAME			3.2 N	_					
STREET ALIDRESS					ADDRESS				
CITY-SI-ZIP			HY-S	T - ZIP					
TITLE		☐ DELE	1		İ			☐ Change	Addition
NAME			l l	IAME	[
STREET ADDRESS					ADURESS				ļ
CITY-ST-ZIP			ITY - ST	1 - ZIP			<u> </u>		
TITLE		☐ DELE		5.1 VILLE			l	☐ Change	Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				ļ
City-S1-ZIP				ITY - S	- ZIP			FT 2	
TITLE	L.) DELETE			61 TITLE				Change	Addition
NAME .			6.2 N	AME	i i				

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

2/10/08/200 -25/18212

FILED

Apr 02 1998 8:00am

Secretary of State